

Missouri Immunization Program

Pediatric Vaccine Order Form

INSTRUCTIONS: Please use this form to order vaccine. Indicate the **number of doses** needed and the number of doses in inventory. You must account for all previously shipped vaccine and wastage on the monthly accountability form.

Vaccines	Number of Doses Ordered	Inventory on Hand	Packaging Information
DTaP (Daptacel) SAN	doses		10 single vials (10x1)
DTaP (Infanrix) GSK	doses		10 single vials (10x1)
DTaP (Tripedia) SAN	doses		10 single vials (10x1)
DTaP/HB/IPV (Pediarix) GSK doses 1, 2, 3 only	doses		10 pre-filled syringes (10x1)
DTaP/Hib/IPV (Pentacel) SAN doses 1-4, <5 yrs of age	doses		5 single vials (5X1) reconstitute
DTaP/IPV (Kinrix) GSK DTaP #5 and IPV #4, 4 – 6 yrs of age	doses		10 single vials (10x1)
DT SAN less than 7 years of age	doses		Single vials
EIPV (IPOL) SAN	doses		10 dose vial
Hep A (Havrix) GSK 1+ years of age	doses		10 single vials (10x1)
Hep A (Vaqta) MRK 1+ years of age	doses		10 single vials (10x1)
Hep B (Engerix) GSK	doses		10 single vials (10x1)
Hep B (Recombivax) MRK	doses		10 single vials (10x1)
Hib (ActHIB) SAN 4-dose series	doses		5 single vials with diluent (5x1)
Hib (Hiberix) GSK booster dose only 15 months – 4 yrs	doses		10 single vials with diluent (10x1)
Hib (PedvaxHIB) MRK 3-dose series	doses		10 single vials (10x1)
HPV (Gardasil) MRK Females & Males 9 – 18 years of age (Quadrivalent)	doses		10 single vials (10x1)
HPV (Cervarix) GSK Females 9 – 18 years of age (Bivalent)	doses		10 single vials (10x1)
MCV4 (Menactra) SAN 11 – 18 years of age	doses		5 single vials (5x1)
MCV4 (Menveo) NOV 11 – 18 years of age	doses		5 single vials (5x1) reconstitute
MMR (MMRII) MRK	doses		10 single vials with diluent (10x1)
PPV 23 (Pneumovax) MRK 2+ years of age	doses		10 single vials (10x1)
PCV 13 (Prevnar 13) WY 13-valent	doses		10 pre-filled syringes (10x1)
Rotavirus (RotaTeq) MRK 3-dose series 6 – 32 weeks of age	doses		10 single tubes (10x1)
Rotavirus (Rotarix) GSK 2-dose series 6 – 32 weeks of age	doses		10 single tubes (10x1) reconstitute
Td (Decavac) SAN 7+ years of age	doses		10 pre-filled syringes (10x1)
Tdap (Adacel) SAN 11 – 18 years of age	doses		10 single vials (10x1)
Tdap (Boostrix) GSK 11 – 18 years of age	doses		10 single vials (10x1)
Varicella (Varivax) MRK	doses		10 single vials with diluent (10x1)
SIGNATURE and DATE 	<u>Please assure that your address and pin number are provided below:</u>		
VFC use only			

Revised 4-2010

RETURN COMPLETED ORDER FORM TO:
Vaccines for Children Program, MODHSS
PO Box 570, Jefferson City, MO 65102
Phone: 800-219-3224 FAX: 573-526-5220